

Incident Report

An incident is any happening that is not consistent with the routine operation of the facility or the routine care of a particular resident. It may be an accident, a situation that could result in an accident, medication error etc. It could occur to a resident, staff member or visitor.

WHO Victim's Name _____
(First) (Last)

☐ Resident ☐ Staff ☐ Visitor

Date of Birth _____ Sex: ☐ Male ☐ Female
DD MM YYYY

Home Phone: _____ Work Phone: _____

WHEN Time of Accident: ____:____ (AM or PM) Date DD MM YYYY

WHERE Exact Location: _____

WHAT HAPPENED Describe exactly what happened; witnesses: _____

WHAT INJURIES Describe any injury (if any) and part(s) of body affected _____

ACTION TAKEN
Doctor Notified? ____ Doctor Name _____ Time _____
Family Notified? ____ Name _____ Time _____
Seen by Doctor? ____ Where _____ Date _____ Time _____
First Aid administered ____ Where _____ What Type _____
By Whom _____
Hospitalized? ____ Where _____

Signature and title of person preparing report _____
Date of Report _____

ADMINISTRATIVE ACTION Was this preventable? _____
Corrective Action Taken _____

Administrator Signature _____ **Date Reviewed** _____